

PUBLIC UTILITES COMMISSION OF THE STATE OF CALIFORNIA
DRIVER STATEMENT OF APPLICANT

TCP- _____

NAME OF APPLICANT: _____

DOING BUSINESS AS (DBA): _____

BUSINESS ADDRESS: _____
Street Address City County State Zip Code

PHONE: () _____ REQUESTER CODE NUMBER: _____
Area Code Phone No.

OFFICIAL ENTITY EMAIL ADDRESS: _____

APPLICANT PROPOSES TO EMPLOY THE FOLLOWING DRIVERS (INCLUDING APPLICANT IF APPLICABLE), PROVIDING EACH DRIVER IS ELIGIBLE FOR A DRIVING CERTIFICATE. THIS LIST MUST BE A COMPLETE LIST OF ALL DRIVERS EMPLOYED BY YOUR COMPANY.

				FOR CPUC USE ONLY	
CALIFORNIA DRIVER LICENSE NO.	BIRTH DATE M/D/Y	FULL NAME OF DRIVER	% OF OWNERSHIP MEMBER / OFFICER	CLASS OF LICENSE	STATUS

CONTINUE ON BACK IF NECESSARY

Date: _____

Signature of Applicant(s)

If applicant is a corporation:

Signature of Corporate Officer

Title of Corporate Officer

[illegible]

FOR CPUC USE ONLY

All names have been checked through the Department of Motor Vehicles. Those names showing "OK" in the status box hold valid driving privileges and have legally acceptable driving records as they pertain to tour bus certificates as of the date shown below.

Date: _____